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Attorney Docket No. 21486-038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Calabresi *et al.*
ASSIGNEE: Rhode Island Hospital, a Life Span Partner
SERIAL NUMBER: To Be Assigned EXAMINER:
FILING DATE: March 8, 2001 ART UNIT:
FOR: COMBINATION DRUG THERAPY

March 8, 2001
Boston, Massachusetts

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

- ☒ Request for Filing a New Non-provisional Application (2 pgs.);
- ☒ Specification, Claims and Abstract (9 pgs.);
- ☒ Unexecuted Combined Declaration and Power of Attorney (3 pgs.);
- ☒ Check #8236 in the amount of \$355.00; and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at 617-542-6000, Boston, Massachusetts.

Although Applicants believe no additional fees are due in connection with this filing, the Commissioner is hereby authorized to charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 21486-038. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

IA Beattie

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FIRST-NAMED INVENTOR : C. J. VESI ET AL.

Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

| CLAIMS AS FILED | | | | | |
|--|-----------------|------------------------|-----------------|----------|--|
| Claims | Number Filed | Basic Fee Allowance | Number Extra | Rate | Basic Fee 37 C.F.R. 1.16(a) \$710.00 |
| Total Claims (37 C.F.R. 1.16(c)) | 20 | - 20 = | | \$ 18.00 | 0 |
| Independent Claims (37 C.F.R. 1.16(b)) | 2 | - 3 = | | \$80.00 | 0 |
| Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d)) | | | | \$270.00 | 0 |
| SUBTOTAL: | | | | | \$710.00 |
| Reduction by 50% for filing by small entity: | | | | | - \$355.00 |
| TOTAL FEE: | | | | | \$355.00 |

8. ☒ A check in the amount of **\$355.00** is enclosed.
9. ☒ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 21486-038:
- ☒ Fees required under 37 C.F.R. §1.16;
 - ☒ Fees required under 37 C.F.R. §1.17;
 - ☒ Fees required under 37 C.F.R. §1.18.
10. ☒ Return Receipt Postcard Enclosed.
11. ☐ Other Documents Enclosed:
- ☐ Change of Attorney Address In Application.

Respectfully submitted,

Ivor R. Elrifi

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Dated: March 8, 2001

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